

SERFF Tracking Number: SHPT-127284581 State: Arkansas
Filing Company: SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA State Tracking Number: 49145
Company Tracking Number: 6.30.11 LTC LAPSE/REPLACEMENT/CLAIMS/SUITABILITY REPORT
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: SHIP | LTC Lapse/Replacement/Claims/Suitability Report
Project Name/Number: AL Filing Instance #2017/

Filing at a Glance

Company: SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

Product Name: SHIP | LTC SERFF Tr Num: SHPT-127284581 State: Arkansas

Lapse/Replacement/Claims/Suitability Report

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 49145
For Informational Purposes

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: 6.30.11 LTC State Status: Filed-Closed
LAPSE/REPLACEMENT/CLAIMS/S
UITABILITY REPORT

Filing Type: Form

Reviewer(s): Harris Shearer,
Stephanie Fowler

Author: Kim Helsley

Disposition Date: 07/15/2011

Date Submitted: 06/27/2011

Disposition Status: Accepted For
Informational Purposes

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: AL Filing Instance #2017

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Filing Status Changed: 07/15/2011

State Status Changed: 07/15/2011

Created By: Kim Helsley

Corresponding Filing Tracking Number:

Filing Description:

SHIP | LTC Lapse/Replacement/Claims/Suitability Report

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Kim Helsley

Company and Contact

Filing Contact Information

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Kim Helsley, Paralegal khelsley@shipltc.com
1289 West City Center Dr. 317-566-7564 [Phone]
Indianapolis, IN 46032

Filing Company Information

SENIOR HEALTH INSURANCE COMPANY OF CoCode: 76325 State of Domicile: Indiana
PENNSYLVANIA
1289 West City Center Drive Group Code: Company Type: LTC
Ste. 200 Group Name: State ID Number:
Carmel, IN 46032 FEIN Number: 23-0704970
(317) 566-7522 ext. [Phone]

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
SENIOR HEALTH INSURANCE COMPANY OF	\$0.00	06/27/2011	
PENNSYLVANIA			

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	07/15/2011	07/15/2011

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Disposition Date: 07/15/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	SHIP LTC	Accepted for	No
	Lapse/Replacement/Claims/Suitability Report	Informational Purposes	

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	Not Applicable		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not Applicable		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	Not Applicable		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	Not Applicable		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	SHIP LTC	Accepted for Informational	07/15/2011
	Lapse/Replacement/Claims/Suitability Report	Purposes	
Comments:			
Attachments:			

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AR LTC Experience Cover Letters_Part29.pdf
AR NAICClaimsDenialReportingForm.pdf
AR Replacement_and_Lapse_Reporting.pdf
AR SHIP Suitability Letters_Part3.pdf

SENIOR HEALTH INSURANCE COMPANY
OF PENNSYLVANIA
1289 W. City Center Dr., Suite 200
Carmel, IN 46032



June 27, 2011

State of Arkansas
1200 West Third St.
Little Rock, Arkansas 72201

Re: Long Term Care Lapse/Replacement Report & Claims Denial Report
Data Reporting Year: 2010

Dear Sir or Madam:

Responsive to the matter identified above, please accept this Letter and its enclosures as the Official Response of the below-identified Company:

Lapse/Replacement, Claims Denial to Report, and Suitability Report:

- Senior Health Insurance Company of Pennsylvania NAIC 76325

Should questions remain, please feel free to contact me.

Sincerely,

Kimberly Helsley
Paralegal

Telephone: (317) 566-7564

Fax: (317) 566-7585

Email: khelsley@shipltc.com

Enclosures

Claims Denial Reporting Form Long-term Care Insurance

For the State of: AR

For the Reporting Year of: 2010

Company Name: SHIP

Company Address: 1289 W. City Center Dr., Suite 200, Carmel, IN 46032

Company NAIC Number: 76325

Contact Person: Kimberly Helsley Phone Number: (317) 566-7564

Line Of Business: Individual

Instructions

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. Indicate the manner of reporting by checking one of the boxes below:

☒ Per Claimant - counts each individual who makes one or a series of claim requests.

☐ Per Transaction - counts each claim payment request.

"Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

Inforce Data			
		State Data	Nationwide Data [1]
	Total Number of Inforce Policies [Certificates] as of December 31st	633	107449
Claims & Denial Data		State Data	Nationwide Data [1]
1	Total Number of Long-Term Claims Reported	37	8178
2	Total Number of Long-Term Claims Denied/Not Paid	5	1006
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	0
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 4)	5	1006
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	13.5%	12.3%
7	Number of Long-Term Care Claims Denied due to:		
8	LTC Services Not Covered [2]	2	135
9	Provider Not Eligible [3]	0	239
10	Benefit Eligibility Not Met [4]	2	378
11	Other [5]	1	254

[1] The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

[2] Example -- home health care claim filed under a nursing home only policy.

[3] Example -- a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

[4] Example -- a benefit trigger not met, certification by a licensed health care practitioner.

[5] Other: Includes Benefit Period Maxed, Lifetime Maximum Benefit Period met.

Appendix G

Replacement and Lapse Reporting Form

For the State of: ARKANSAS

Reporting Year: 2010

Company Name: SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

NAIC Number: 76325

Company Address: 1289 West City Center Dr. Carmel IN 46032

Contact Person: Kimberly Helsley

Phone Number: 317-566-7564

Instructions

The purpose of this form is to report on statewide basis information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Replaced By This Agent	Number of Replacements As % of Number Sold By This Agent
0	0	0	0

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Lapsed By This Agent	Number of Lapses As % of Number Sold By This Agent
0	0	0	0

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales 0 %

Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) 0 %

Percentage of Lapsed Policies to Total Annual Sales 0 %

Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) 0%

Company Totals

Senior Health Insurance Company of Pennsylvania is a closed block of business. There were no active sales in 2010. There were no replacements in 2010. There are no agents actively selling Long Term Care policies for Senior Health Insurance Company of Pennsylvania. The data below represents the total number of Long Term Care policies in your state, the total number in-force, total number of lapsed policies in your state, and the % of lapsed policies to in-force policies.

Long Term Care In-Force Count 633

Long Term Care Lapse Count 6

Percentage of Lapsed Policies to Policies In-Force (as of the end of the preceding calendar year) 1%

APPENDIX

Suitability Reporting Form Long-Term Care Insurance

For the State of: ARKANSAS For the Reporting Year of 2010
Due: June 30 annually

Company Name: Senior Health Insurance Company of PA
Company Address: 1289 West City Center Dr., Carmel IN 46032
Company NAIC Number: 76325
Contact Person: Kimberly Helsley Phone Number: 317-566-7564

Instructions

The purpose of this form is to report all long-term care activity related to the total number of applications received from residents of this state, the number of those who declined to provide information on the personal worksheet, the number of applicants who did not meet the suitability standards, and the number of applicants who chose to confirm after receiving a suitability letter.

1. Total Number of Applications Received from Residents of _____ None
2. Number of Applicants Who Declined to Provide Information on the Personal Worksheet None
3. Number of Applicants Who did Not Meet the Suitability Standards None
4. Number of Applicants Who Chose to Confirm After Receiving a Suitability Letter None

